

**IN THE CIRCUIT COURT OF BOONE COUNTY, MISSOURI
PROBATE DIVISION**

Estate Number: _____

In the Estate of: _____, deceased.
(First Middle Last)

APPLICATION FOR LETTERS

*** OF TESTAMENTARY**

***OF ADMINISTRATION**

***WITH WILL ANNEXED**

Come(s) now _____,
of lawful age, being first duly sworn upon oath, states:

That _____, a _____ male person, whose domicile and last
Residence address was _____, in
(Street Address, County, State)

Boone County, Missouri, and who was approximately _____ years of age, died on
_____, (testate, intestate);
(Date)

The probable value of the deceased's estate is:

Real Property \$_____ and Personal Property \$_____.

That the names, relationships to the decedent, and residence addresses of the surviving spouse, heirs, **BOTH TESTATE AND INTESTATE**, and devisees, legatees and lineal descendants of devisees who were relatives of and predeceased the testator, if any, with an indication of those believed by the applicant to be of unsound mind and the birth dates of those who are minors, and, so far as is known to the applicant, the names and addresses of the Conservators of any minor or disabled persons, devisees, legatees, or heirs, including the surviving spouse, are as follows:

TESTATE/HEIRS

Surviving spouse (Name and Address): _____

NAME	RESIDENCE ADDRESS	RELATIONSHIP TO DECEDENT	ITEM OF WILL	BIRTHDATE (IF MINOR)

INTESTATE/LEGATEES

NAME	RESIDENCE ADDRESS	RELATIONSHIP TO DECEDENT	ITEM OF WILL	BIRTHDATE (IF MINOR)

That the applicant believes there are no heirs whose names and addresses are unknown to applicant, except as stated above.

**Please state if any*

All beneficiaries survived the deceased by more than 120 hours, except as stated above; ***PLEASE STATE IF NONE:** _____

That if Letters are issued, applicant will make a complete inventory of the estate, pay all debts, if any, as far as the assets will extend and the law directs, account for and pay out or distribute all assets which come into applicant's possession and perform all things required by law concerning the executorship or administration.

WHEREFORE, applicant requests:

*That Letters of Testamentary be granted to applicant.

*That Letters of Administration be granted to applicant.

*That Letters of Administration with Will Annexed be granted to applicant.

*This application is made for (supervised/independent) administration.

*Applicant requests Notice of Letters be published in _____.
(Designate Newspaper)

THE STATEMENTS AND REPRESENTATIONS IN THIS DOCUMENT ARE MADE UNDER OATH AND ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THEY ARE MADE SUBJECT TO THE PENALTIES OF MAKING A FALSE AFFIDAVIT OR DECLARATION.

Applicant _____
(Signature)

Applicant _____
(Signature)

Address _____

Address _____

Phone No. _____

Phone No. _____

Attorney for estate: _____ Register No, _____

Address _____ Phone No. _____